

Please type a plus sign (+) inside this box → ☒

PTO/SB/50 (4/98)
Approved for use through 09/30/2000. OMB 0651-0033

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

**Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231**

Attorney Docket No. MTS-520US1
First Named Inventor Mitsuki Oshima
Original Patent Number 5,761,301
Original Patent Issue Date (Month/Day/Year) June 2, 1998
Express Mail Label No. EL541609069US

APPLICATION FOR REISSUE OF:
(check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS

1. ☒ * Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification and Claims (amended, if appropriate)
3. ☐ Drawing(s) (proposed amendments, if appropriate)
4. ☒ Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
5. Original U.S. Patent
☒ Offer to Surrender Original Patent (37 C.F.R. § 1.178)
(PTO/SB/53 or PTO/SB/54)
or
☐ Ribbonded Original Patent Grant
☐ Affidavit / Declaration of Loss (PTO/SB/55)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☐ Written Consent of all Assignees (PTO/SB/53 or 54)
☒ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney

ACCOMPANYING APPLICATION PARTS

7. ☒ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
8. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
9. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
10. ☐ * Small Entity Statement(s) ☐ Statement filed in prior application,
(PTO/SB/09-12) Status still proper and desired
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☒ Other: Request for Drawing
Transfer
Assent by Assignee
Copy of 1st page of
Letters Patent

* NOTE FOR ITEMS 1 & 10 IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

14. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

Name	Allan Ratner Ratner & Prestia				
Address	P.O. Box 980				
City	Valley Forge	State	PA	Zip Code	19482
Country		Telephone	610-407-0700	Fax	610-407-0701

NAME (Print/Type)	Allan Ratner	Registration No. (Attorney/Agent)	19,717
Signature		Date	6/2/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

MTS-520US1

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A)	Total Claims (37 CFR 1.16(j))	(B)	****	= x \$	=	or	x \$ =
(C)	Independent Claims (37 CFR 1.16(i))	(D)	.	= x \$	=		x \$ =
				= x \$	=		x \$ =
Basic Fee (37 CFR 1.16(h))					\$		\$
Total Filing Fee					\$	OR	\$ 690.00

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	45 MINUS	** 43	= 2	x \$	=	or	x \$ 18 =
Independent Claims (37 CFR 1.16(i))	***	9 MINUS	****	7 = 2	x \$	=		x \$ 78 =
Total Additional Fee					\$			OR

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Please charge Deposit Account No. _____ in the amount of _____
A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 18-0350
A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ 882.00 to cover the filing / additional fee is enclosed.

Date

Signature of Applicant, Attorney or Agent of Record

Allan Ratner, Reg. No. 19,717

Typed or printed name

CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)Applicant(s): **M. Oshima**

Docket No.

MTS-520US1

Serial No.

Filing Date

Examiner

Group Art Unit

Invention: **MARK FORMING APPARATUS, METHOD OF FORMING LASER MARK ON OPTICAL DISK, REPRODUCING APPARATUS, OPTICAL DISK AND METHOD OF PRODUCING OPTICAL DISK**



I hereby certify that this **Broadened Reissue Application with related enclosures**
(Identify type of correspondence)

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231 on **June 2, 2000**
(Date)

Kathleen Libby

(Typed or Printed Name of Person Mailing Correspondence)

(Signature of Person Mailing Correspondence)

EL541609069US

("Express Mail" Mailing Label Number)

Note: Each paper must have its own certificate of mailing.